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Director

State of California—Health and Human Services Agency
California Department of Public Health



EDMUND G. BROWN JR.
Governor

September 14, 2011

TO: HIV CARE PROGRAM, RYAN WHITE PART B CONTRACTORS
AIDS DRUG ASSISTANCE PROGRAM COORDINATORS

SUBJECT: RYAN WHITE PART B PLANNING PROCESS: LOW-INCOME HEALTH
PROGRAM SCREENING GUIDANCE NUMBER ONE

This is the first in a series of guidance letters from the California Department of Public Health, Center for Infectious Diseases, Office of AIDS (OA) to assist you in planning for eligibility screening for the Low-Income Health Program (LIHP). This guidance provides directions for the preparation of plans to integrate and then initiate LIHP screening into your program. It describes OA's expectations with respect to timing, process, and reporting of your plan.

Your plan for LIHP eligibility screening, or status report on work to become a LIHP contractor, is due on Tuesday, November 15, 2011.



Please note that it will be critical for HIV Care Program (HCP) contractors and local health jurisdiction (LHJ), AIDS Drug Assistance Program (ADAP) coordinators to work together in this planning process.

OA will be hosting technical assistance calls on the following dates and times for any Ryan White Part B contractors in the following counties (Alameda, Contra Costa, Kern, Los Angeles, Orange, San Diego, San Francisco, San Mateo, Santa Clara, and Ventura) (commonly referred to as the LIHP Legacy counties):

1. Thursday, September 15, 2011, at 3 p.m.; and
2. Friday, September 16, 2011, at 9 a.m.

Call-in information: 877-607-9078; Participant: 2459016 (please mute your phone on entry using your phone's mute button or *6; do not put your phone on hold).

A. Information to assist your planning.

1. Letter dated August 18, 2011, [Federal HRSA Guidance to Ryan White Providers with Respect to Screening for Eligibility in California's Low Income Health Program \(PDF\)](#).
2. Frequently Asked Questions #3 posted on September 12, 2011, [Third Set of FAQs about the Ryan White and the LIHP Programs in CA \(PDF\)](#).
3. List of [Local Ryan White Part B HIV Care Program Contacts \(PDF\)](#).
4. List of LHJ ADAP coordinators
<http://www.cdph.ca.gov/programs/aids/Documents/ADAPCoordinators.pdf>.
5. Spread sheet of all Ryan White Agencies known to OA in the ten counties:
[Ryan White/LIHP Agency Cross-Match, September 7, 2011 version \(PDF\)](#).
6. List of names for each county's LIHP: [Local Low Income Health Program \(LIHP\) Contacts](#) Use when cross-referencing the county to the LIHP. (Note: when contacting a LIHP representative use the list below.)
7. LIHP Administrator List [Primary Program Contacts for the Local Low Income Health Program \(PDF\)](#).

Please work with your local LIHP Administrator to:

- a. Identify your county's current LIHP services, including "Core Benefits," "add-on benefits," and "Core Benefit Enhancements." Refer to the LIHP Special Terms and Conditions, items 63 a-d starting on page 27 [Special Terms and Conditions \(STCs\)](#).
- b. Identify *all* Ryan White Part B funded agencies that provide *any* of these services.
- c. Determine the current LIHP income eligibility requirement in your county.
 1. Estimate the approximate number of clients receiving the services described in "b" above who may be eligible for LIHP based upon this income information and other LIHP eligibility requirements.
- d. Understand the LIHP pharmacy network in your county.
 1. Estimate the approximate number of ADAP clients in your jurisdiction who may need to move to a new pharmacy and the impact of this change.

- e. Determine whether the LIHP provider network would consider expansion and thus be willing to contract with new Ryan White providers.
 1. Determine current LIHP provider and/or pharmacy reimbursement rates if agencies in your jurisdictions are considering contracting with LIHP.
8. The HCP contractor and LHJ ADAP coordinator must develop the relevant plans together and both must sign their submissions to OA.
9. All plans must address both health care provider *and* pharmacy network transition issues as relevant in each county.

B. The first step in your planning should be to identify the Ryan White Part B funded agencies that provide the same service as the local LIHP and that serve clients who might be eligible for LIHP. For each agency, identify which of the following apply and proceed to the appropriate planning information in “C” or “D” below.

1. Is the agency a current LIHP contractor? (See section C below.)
2. If not, is the agency unable, or has the agency decided not, to become a LIHP contractor? (See section C below.)
3. Is the agency in a county that is expanding/adding additional providers and is the agency interested in or currently developing a LIHP contract (see section D below)

C. For Ryan White Part B Funded Agencies that are Current LIHP Contractors or have no Plans to Become LIHP Contractors

Provide OA with a plan to implement LIHP eligibility screening for new potential HCP clients and ADAP clients who receive their medical care at these agencies (regardless of where their ADAP enrollment site is). Also develop a plan for existing clients to be screened for potential LIHP eligibility during routine Ryan White eligibility determinations.

Please consider the feasibility of establishing a protocol for your screening (i.e., HCP clients enrolled in ADAP will be screened for LIHP during their next ADAP eligibility screening). (OA will provide additional guidance on coordination of screening across programs in the coming weeks.)

Note the special circumstance where a Ryan White provider is a LIHP contractor and provides add-on services but the client receives their medical care from a Ryan White Provider who is not yet – but plans to become - a LIHP provider. For example, in your county, psychotherapy is a LIHP add-on service. Jose receives his psychotherapy from a Ryan White Part B agency which is also a LIHP provider. However, Jose receives his medical services from a different Ryan White provider who is not yet a LIHP provider, and that agency is in the process of considering or developing a LIHP contract. This is an example of a situation that could risk a client's continuity of coverage and needs to be considered in developing your plan. For additional guidance on how to address this situation, see section D below.

For clients who would need to change pharmacies, please also consider the potential impact on clients with respect to changes in the pharmacy provider.

D. For Ryan White Part B Funded Agencies that are in the Process of Developing or are Considering LIHP Contracting

Provide detailed status of LIHP contract development for all Ryan White Part B funded agencies, including estimated date of contract implementation. Also provide each agency's *provisional* plans to integrate LIHP screening once a LIHP contract is approved, as described in item C above. On the 15th day of each month, provide updated status of progress and each agency's targeted date for LIHP contract implementation.

ADAP clients who receive their primary medical care at such an agency may be screened for LIHP eligibility after a LIHP contract is approved to avoid the client's loss of health care continuity at that agency; this element must be addressed in the plan.

For counties where LIHP provides "add-on" services, include a screening plan for all Ryan White Part B funded agencies providing these services. This plan should take into account the need to delay LIHP screening for add-on services if the agency where the client receives their primary medical care is in the process of developing or considering LIHP contracting.

In each report, identify if any agency has or has not become a LIHP provider since the last monthly report submitted to OA. Once an agency becomes a LIHP provider or decides not to pursue a LIHP contract, proceed for that agency as outlined in item C above.

E. Plans and Submission Guidelines

- Your plan should be high level and no more than three to five pages.
- Your plan is due by Tuesday, November 15, 2011 (if your plan is not fully developed by this date, you should provide detailed status and target date for completion)
- Submit your plans or status to Vince Torres-Gil at: Vince.Torres-Gil@cdph.ca.gov.

Conclusion

OA's primary goal, as supported by the Health Resources and Services Administration [California Waiver Letter from HRSA \(PDF\)](#), is to minimize disruption in health care provider-patient relationships and access to pharmacy and support services while diligently attending to planning required to adhere to the Ryan White payer of last resort statute.

OA will be developing and providing ongoing guidance in the coming weeks, including potential screening tools, algorithms to coordinate ADAP and HCP screening, waitlist management options, documentation guidance, worksheets, information about OA's process to assess your plans, etc.

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ADAP Coordinators
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Please call Ayanna Kiburi, Chief, HIV Care Branch, OA, for HCP-related questions at (916) 449-5819 or e-mail at: Ayanna.Kiburi@cdph.ca.gov; or Jill Somers, Chief, ADAP Branch, OA, for ADAP-related questions at (916) 449-5942 or e-mail at: Jill.Somers@cdph.ca.gov. Please submit LIHP-specific questions to LIHP@dhcs.ca.gov.

Sincerely,

Handwritten signature of Michelle Roland in black ink.

Michelle Roland, MD, Chief
Office of AIDS

Handwritten signature of Ayanna Kiburi in blue ink.

Ayanna Kiburi, Chief
HIV Care Branch
Office of AIDS

Handwritten signature of Jill Somers in blue ink.

Jill Somers, Chief
ADAP Branch
Office of AIDS